

NATIONAL Assessment Centre Services

Date In 10/01/2022	Job description	Date & Time Completed	Done by
Ref No NA/BA123000341/d4	SAS e-filing		
Veh No YQ 55292	E-mail (within 8hrs. AP 2hrs)		
DOA 27/12/2022	i-Motor Claim Form		
OD/ TP/ <u>Reporting Only</u>	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SHA 4280C

INC () / Non-INC ()

Owner / Driver: (

Tel:

)

Policy No: (

Period: (

Cover Type: (

)

Confirmed by: (

Date:

Time:

)

Insured/Driver Liability: (

%)

[Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]

Year of Registration: (

Warranty: YES (

NO (

)

Excess: (\$

Loading: \$1,000 (

)/ \$2,000 (

)

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In (

)/ Towed-In (

); Invoice: YES (

NO (

); Towing Co. (

)

Remarks:-

(INC hotline: 6788 6616)

Date & Time Completed

Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury :

Date/Time

Actions

NA2300104

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

File 1:

File 2/3:

1) AR : Accident Reporting (\$30);

2) DA : Damage Assessment (\$100); INC (\$80)

3) TF : Towing Fee \$40/\$45

4) FT : Follow-Through Survey \$120

5) FT : Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR : Re-inspection \$75

7) N1 : Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON*

*N5: Courtesy Car / Tpl Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (N11) : TP (Non INC) against INC \$20

9) N12: Idac Mobile \$30

Invoice dated

Fee Charged



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	10/01/2023 18:32 (SGT)
Reported by	Driver
Date of Accident	27/12/2022 07:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ROCHOR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ5529Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RICH ENGINEERING PTE LTD
Company Reg No	2XXXXX005Z
Email Address	gtvenki@gmail.com
Mobile Phone No	(Phone) +65-91687411
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2755

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	200907005Z

DRIVER

Name of Driver	VELAYUTHAM SURESH
Passport No/FIN	GXXXX298Q

Date Of Driving Pass	08/01/2015
Driving experience	7 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83114032
Alt. Phone Number	-
Email Address	gtvenki@gmail.com
Address	158 KALLANG WAY , SAFEKEEP BUILDING
Address complement	# 02-620
Postcode	349245
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	8
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

PASSENGER 5

Name	UNKNOWN
Gender	Male

PASSENGER 6

Name	UNKNOWN
Gender	Male

PASSENGER 7

DETAILS OF POLICE ACTION

Was the accident reported to the police? No
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA4280C
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

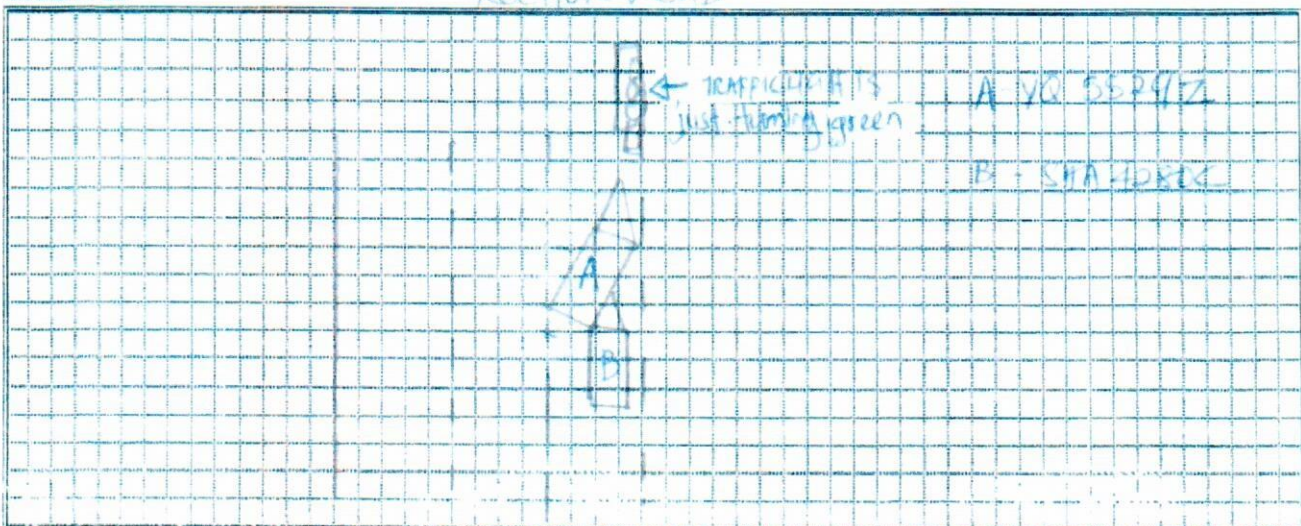


Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

I was driving along Rochor Road, together with 7 working colleagues in my vehicle. We were on the way to work. Incident took place at Rochor Road, near junction with the light. I was on the second lane, and from the lane was a little far. I switch lane to the 3rd and was waiting to proceed forward. Since there were vehicles in front of me. When the vehicle in front of me moved, I followed suit and move. While moving, vehicle to come from my right and hit the rear portion of my vehicle. No damages on my vehicle. No injuries as well.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: 27 / 12 / 2022 (DD/MM/YYYY), TIME: 07.50 (HH:MM)

LOCATION: ROCHOR ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YQ 55292
 b) INSURANCE COMPANY: ERGO
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA AUTO / MANUAL
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING TIME
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM (REPORTING ONLY))

2. INSURED / POLICY HOLDER

- a) NAME: RICH ENGINEERING PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 2009070052 CONTACT: 9168 7411
 c) ADDRESS: 158 Kallang Way # 02-620, Sutekeep Building
5349245

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: velayutham suresh (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G84562980 CONTACT: 8311 4032
 c) ADDRESS: 158 Kallang Way # 02-620, Sutekeep Building
5349245

* d) DATE OF BIRTH: 09 / 03 / 1984 (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 08/10/2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Employee

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHA 4280C MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

Fax =

Video = NO

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED & CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of RICH ENGINEERING PTE. LTD. (200907005Z)

Date: 27/06/2012

The Following Are The Brief Particulars of :

Registration No. : 200907005Z
Company Name. : RICH ENGINEERING PTE. LTD.
Former Name if any :
Incorporation Date : 20/04/2009
Company Type : LIMITED EXEMPT PRIVATE COMPANY
Status : Live Company
Status Date : 20/04/2009

Principal Activities

Activities (I) : 71121
Description : GENERAL BUILDING ENGINEERING SERVICES
Activities (II) : 41009
Description : BUILDING CONSTRUCTION NEC

Capital

Issued Share Capital *	Number of shares	Currency	Share Type
(AMOUNT)			
50000.00	50000	SINGAPORE, DOLLARS	ORDINARY

* Number of Shares includes number of Treasury Shares

Paid-Up Capital	Number of shares	Currency	Share Type
(AMOUNT)			
50000.00		SINGAPORE, DOLLARS	ORDINARY

COMPANY HAS THE FOLLOWING ORDINARY SHARES HELD AS TREASURY SHARES

Number Of Shares	Currency
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Registered Office Address : 158 KALLANG WAY
#03-517
SAFEKEEP BUILDING
SINGAPORE (349245)
Date of Address : 01/11/2010

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Date: 27/06/2012

Date of Last AGM	: 15/10/2010
Date of Last AR	: 12/11/2010
Date of A/C Laid at Last AGM	: 30/06/2010
Date of Lodgment of AR, A/C	: 12/11/2010

Audit Firms**NAME****Charges**

Charge No.	Date Registered	Currency	Amount Secured	Chargee(s)
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Officers/Agents

Name	ID	Nationality	Source of Address	Date of Appointment
Address		Position Held		
GANESAN SENTHILKUMAR	S7062973I	SINGAPORE P.R.	OSCARS	20/04/2009
661 BUFFALO ROAD #19-32 SINGAPORE (210661)		DIRECTOR		
SIVARAJAN ANITHA	S7585525G	SINGAPORE P.R.	OSCARS	20/04/2009
661 BUFFALO ROAD #19-32 SINGAPORE (210661)		SECRETARY		

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Business Profile (Company) of RICH ENGINEERING PTE. LTD. (200907005Z)

Date: 27/06/2012

Shareholder (s)				
Name	ID	Nationality/Place of incorporation/Origin	Source of Address	Address Changed
Address				
1 GANESAN SENTHILKUMAR	S7062973I	SINGAPORE P.R.	OSCARS	21/11/2010
661 BUFFALO ROAD				
#19-32				
SINGAPORE (210661)				
Ordinary (Number)	Currency			
50000	SINGAPORE, DOLLARS			

Abbreviation

UL - Local Entity not registered with ACRA

UF - Foreign Entity not registered with ACRA

V/Share - Value Per Share

AR - Annual Return

AGM - Annual General Meeting

A/C - Accounts

OSCARS - One Stop Change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THAT INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF COMPANIES AND BUSINESSES
SINGAPORE

RECEIPT NO. : ACR0001019206869

DATE : 27/06/2012

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Business Profile (Company) of RICH ENGINEERING PTE. LTD. (200907005Z)

Date: 27/06/2012

This is computer generated. Hence no signature required.